

PART B - FEE(S) TRANSMITTAL

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25286 7590 09/11/2008
BROOKS KUSHMAN P.C.
INT'L. AUTOMOTIVE COMPONENTS GROUP
1000 TOWN CENTER
TWENTY-SECOND FLOOR
SOUTHFIELD, MI 48075

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/758,563	01/15/2004	Adam J. Canni	IAC 0660 R	5789

TITLE OF INVENTION: OVERHEAD CONSOLE FOR A VEHICLE

APPLN. TYPE	SMALL ENTITY	ISSUB FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	12/11/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLANKENSHIP, GREGORY A	3612	296-037800

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Brooks Kushman P.C. 2. 3.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Automotive Components Group North America, Inc. Dearborn, MI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-3978** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature MEK

Date December 9, 2008

Typed or printed name **Mark E. Stuenkel**Registration No. **44,364**

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